

**UK NEWS** Remedy UK loses court case, p1134

**WORLD NEWS** People with AIDS are dying because of inadequate staffing, p1133

**bmj.com** Gender expert found guilty of misconduct

## Police look abroad for salt case expert

**Jonathan Gornall** LONDON

Wiltshire police investigating unspecified allegations against a paediatrician at Southampton General Hospital are seeking expert medical evidence outside the UK.

The case concerns a paediatrician who was involved in the care of a child whose mother was later charged with murder.

Marianne Williams, then 22, was charged in 2004 with the murder of her 15 month old son, Joshua Taylor, whom she was alleged to have poisoned with salt. She was found not guilty in October last year after a six week trial at Winchester Crown Court.

Wiltshire police officers are also under investigation for their role in the case. The Independent Police Complaints Commission said that it was “midway through” an investigation into a complaint about the conduct of the criminal investigation. Six officers had been served with official notice of the inquiry, although “this in no way implies guilt or wrongdoing on the part of any officer,” the commission said.

Detective Superintendent James Vaughan, the officer leading the Wiltshire force’s inquiry into the allegations against the doctor, confirmed that Wiltshire Police would not be seeking medical advice in the case from any British doctors—a claim posted on the website forum Mothers Against Munchausen Allegations.

“In order to maintain the confidence of Joshua’s family, and to identify an independent specialist who has had no connection with this or any other similar sets of circumstances in the United Kingdom, it has been necessary to seek assistance from overseas,” Detective Superintendent Vaughan said.

This was, he insisted, “not a reflection on the Wiltshire police’s confidence in the United Kingdom experts.”

However, the Royal College of Paediatrics and Child Health said it was “confident that we have eminent experts in the UK who can offer an independent and authoritative opinion.”



LEWIS WHILDPA

**Tony Blair and Patricia Hewitt visit an NHS hospital earlier this year: a new report suggests the NHS should be depoliticised**

## Nuffield Trust backs NHS independence

**Nigel Hawkes** LONDON

The English public loves the idea of a national health service but is less enchanted by the way it delivers health care, a new report into the independence of the NHS has concluded.

A greater distance between ministers and day to day decisions in the service could improve staff morale, boost patients’ confidence in doctors, and encourage young people to take up a career in medicine, says the report from the Nuffield Trust.

“If the political process becomes tainted, this will rub off to some extent on the organisations that are being managed by the process,” said Brian Edwards of the University of Sheffield, who wrote the report with the help of Patricia Day of Bath University and Scott Greer of the University of Michigan.

The report makes it clear that the NHS can be depoliticised

in many ways but that politics has a tendency to creep back in when so much public money is at stake. And without politicians the NHS would never have been created or provided with the huge budget increases it has enjoyed under Tony Blair.

The idea of NHS independence divides NHS managers and commentators (see Feature, p 1136) but finds more unequivocal support among doctors. The Nuffield Trust’s report, although it leans in favour of independence, does not favour any particular model.

The choice is complicated by the split between purchasers and providers of services and by the emergence of islands of independence such as the foundation trusts. General practices have always, in essence, been independent operators working under contract.

This leaves a lot less of the NHS to liberate than would

have been the case 20 years ago. Professor Edwards—dealing only with England—plays with the idea of an NHS corporation on the BBC model, a diluted version of the present NHS that deals only with planning and commissioning, and an NHS commissioning authority on the model of the Higher Education Funding Council, operating as a non-departmental public body.

In favour of independence, he says, is that the NHS would be liberated from meddling politicians; against independence is the constitutional principle that huge public spending must be publicly accountable to parliament through ministers. But few politicians, he admits, ever take this responsibility to the point of resignation when things go wrong.

*An Independent NHS: A Review of the Options* is available at [www.nuffieldtrust.org.uk](http://www.nuffieldtrust.org.uk).



## Assembly gets into wrangle over junk food warning

**Anne Glusker** GENEVA

A minor tussle over language broke out at this year's meeting of the World Health Assembly, the annual forum through which the World Health Organization is governed by its member states.

After the much debated adoption in 2004 of WHO's global strategy on diet, physical activity, and health, this year's assembly turned to the question of implementation.

This was to be carried out under the global strategy on non-communicable diseases. Norway introduced a resolution calling for the development of a "code" that would promote responsible marketing to children of foods and non-alcoholic beverages that are high in saturated fat, trans fat, sugar, and salt content. But the United States objected to the word "code," and ensuing discussions resulted in a revised text that substituted the phrase "a set of

recommendations."

Although some observers interpret both formulations to be voluntary, the US felt that a code could possibly be construed as binding.

The move is a response to the increasingly wily marketing of "low nutrient" foods (otherwise known as "snack" or junk foods) to children in the developed and the developing world. Mobile phones and the internet offer new marketing opportunities, as does marketing in schools. "The whole nature of marketing to children has gone high tech," said Neville Rigby of the International Association for the Study of Obesity. "It's invisible now. As a parent, you're not safe just because you turn off the television."

Norway's original resolution had the support of several

**"As a parent, you're not safe just because you turn off the television"**

countries, including Brazil, Thailand, the United Kingdom, New Zealand, Poland, and South Africa (which spoke for 46 African countries).

Arne-Petter Sanne, a member of the Norwegian delegation and a director at the Norwegian Directorate of Health and Social Affairs, said, "We thought it very important to have something explicitly on marketing to children. The US was the only country that spoke against the original resolution, but we are still very happy with the outcome. For us this is a 98% victory."

The next step for WHO will be to review the existing mechanisms governing marketing to children, ranging from industry self regulation to various models of legislation. Timothy Armstrong, team leader of WHO's global strategy on diet, physical activity, and health, said, "What we haven't yet seen is the effect of any of these mechanisms."

## Out of hours GP services are criticised after death of patient

**Zosia Kmietowicz** LONDON

Gordon Brown has said that patients need better cover from GPs at night time and weekends, after a report into a woman's death was published. The report criticised new arrangements for out of hours care, which, it said, led to confusion over exactly what level of care is expected outside normal practice hours.

Penny Campbell, from Islington, north London, died from septicaemia at the age of 41 at the end of the Easter bank holiday in March 2005, after she had had contact with eight doctors from Camidoc, an out of hours service provider to four boroughs in north London.

Camidoc commissioned an independent investigation into Ms Campbell's death, which has been overseen by a panel made up of representatives from Camidoc and the four primary care trusts that commission the service.

The panel's report found that Camidoc was ill prepared for the increase in its responsibilities that came with the government policy, introduced in 2004, allowing GPs to opt out of providing 24 hour cover for their patients.

The report calls for the Department of Health and the NHS as a whole to address the perception that an out of hours service is a "holding bay" for patients until their GP resumes care. "Policy confusion" over whether an out of hours service should provide urgent or unscheduled care also needed to be resolved, the report says.

Mr Brown, currently the chancellor of the Exchequer and soon to be prime minister, said, "The health service has got to be there for people when they need it, and we need to do better in the future."

"What I've been talking about is how we can extend the range of facilities for health care at weekends and out of hours. We need more access to doctors, we need drop-in centres, we need local healthcare centres to be more effective, we need NHS Direct to be working."

Ms Campbell, who had one young son, had undergone a routine surgical procedure at the London Independent Hospital two days before the bank holiday weekend.

She died the morning after Easter Monday after presenting as an emergency at the Royal London Hospital.



# Undertakers offer cash incentive for organ donation in an attempt to encourage donors

**Tony Sheldon** UTRECHT

One of the largest firms of undertakers in the Netherlands is offering a reduction in the cost of funerals to the relatives of dead people who have had an organ removed for donation. The initiative follows a call from the Dutch Kidney Foundation for new ideas to boost donation.

The foundation recently commissioned a study by the Dutch Institute for Health Services Research (Nivel), which found attitudes to donation changing, with more people against it ([www.nivel.nl](http://www.nivel.nl)).

Since 1998 the Netherlands has had a voluntary national register on which people can record their wish for or against donation. But



only five million out of 12 million adults have done so.

And the Nivel study indicates that the proportion of people who have not registered but who would refuse to donate if asked has almost doubled in three years to 29%. At the same time the percentage of relatives who would agree to donation, if the dead person's wishes were not known, has fallen from 40% to 30%.

The Nivel researcher Roland Friele described this as a "worrying development, considering the large number of people on the waiting list for a donated organ." The director of the foundation, Paul Beerkens, has called for incentives such as

financial rewards or reductions in health insurance premiums to promote donation.

The undertakers, Monuta, have responded by offering a reduction of €150 (£100; \$200) from the cost of a funeral for people who have donated organs. Because this benefits relatives or third parties it does not break a law that bans financial transactions between a donor and recipient.

Monuta's director, Cors Hage, said that the company wanted to "take its responsibility" and that the reduction

is "a small incentive" that "draws attention to this matter."

About 1400 people are waiting for donated organs, and the rate of donation is about 200 a year, a drop of 28 since 2004.

**Reluctance to donate is a "worrying development"**

## Head of Red Cross pleads for medical missions to be protected from violent attacks

**John Zarocostas** GENEVA

The head of the International Committee of the Red Cross has pleaded for all parties in armed conflicts to respect international humanitarian law and protect medical missions from attack.

"Unfortunately this has not been the case in some situations," said Jakob Kellenberger, the committee's president, referring to the fighting that broke out on 20 May in Nahr al-Bared, the Palestinian refugee camp in north Lebanon, between the militant group Fatah al-Islam and the Lebanese army.

The committee made it clear to all parties involved, he said, that they had to respect medical activities in the camp.

In an urgent appeal to all sides the committee said, "Medical personnel and humanitarian workers must be allowed to carry out their tasks and have unimpeded access to the wounded. Medical

personnel, vehicles, and facilities must be spared the consequences of the violence."

Mr Kellenberger said that the situation in the camp was very tense. "We remain extremely concerned about the security of up to 20 000 civilians who are still inside the camp and who need protection and assistance," he said.

He added that the committee was working closely with the Palestinian Red Crescent Society and the Lebanese Red Cross Society, supplying them with materials for their medical activities inside and outside the camp, and he paid tribute to their "very good work."

The two societies, the committee said in a statement, had evacuated more than 80 wounded people from the camp (including an unspecified number of civilians), 26 people with other medical conditions, 35 bodies, and 430 uninjured civilians.



The Red Cross office in Gaza City: medical missions must be spared violence

## IN BRIEF

### Pregnant women told not to drink alcohol:

The Department of Health in England has revised its guidance on drinking alcohol for pregnant women and women trying to conceive to avoid confusion and to bring it into line with the rest of the UK. The new guidance advises total abstinence for this group of women.

### Deaths in Panama caused by contaminated cough syrup:

Regulatory and health agencies around the world have warned drug manufacturers to check the purity of glycerin after dozens of deaths in Panama last autumn were found to have been caused by glycerin contaminated with diethylene glycol. The glycerin was used as a sweetener in cough syrup. World Health Organization officials want to strengthen national regulatory systems.

**BMA appoints acting chairman:** Sam Everington, an east London GP, has been appointed acting chairman of council at the BMA. Currently deputy chairman, Dr Everington will hold the new post until the BMA's annual representative meeting at the end of June, when the council will elect a new chairperson. Nominations opened on 11 May, before the resignation of James Johnson on 20 May (see *BMJ* 2007;334:1074, 26 May).

### Views sought on medical care for UK armed forces:

Service personnel and doctors are invited to contribute to a web forum on health care for the armed forces being run by the parliamentary select committee on defence (<http://forums.parliament.uk/defence-medical>). Comments will feed into the committee's inquiry into medical care for military personnel, which will cover health care for personnel serving in the UK and abroad, arrangements for those returning from overseas postings.

### Guidance on patient-doctor joint decision making opens for consultation:

The General Medical Council is seeking the views of patients and doctors about draft guidance on good practice in clinical decision making and consent ([https://gmc.e-consultation.net/making\\_decisions](https://gmc.e-consultation.net/making_decisions)). The consultation runs until 20 August.

### Bush names next US surgeon general:

President Bush has nominated James Holsinger Jr as the 18th surgeon general of the US public health service. He is a cardiologist and professor of preventive medicine at the University of Kentucky and also served as the secretary for health and family services for Kentucky.

# Clinical trials will suffer if electronic system is delayed

James Butcher LONDON

The drug industry will carry out fewer trials in the United Kingdom unless electronic patient records can be deployed quickly throughout the NHS, warned Richard Barker, director general of the Association of the British Pharmaceutical Industry. Dr Barker was speaking last week at a meeting organised by the UK Clinical Research Consortium on the use of electronic patient records for research and to improve health.

Dr Barker said that other countries are now able to host good quality trials at a much lower cost than is possible in the UK, and he believes that an NHS-wide electronic patient record system could be hugely attractive to the drug industry, as it would allow drug companies to easily identify patients fitting a trial's inclusion and exclusion criteria.

An electronic registry would also allow drug companies or regulatory agencies to carry out detailed post-approval surveillance of a product's safety and efficacy. "People do a lot of meta-analysis now—this is pseudo-science most of the time, unfortunately," said Dr Barker. "Wouldn't it be wonderful to be able to look at everyone who takes a new medicine and say, 'Where are these rare side effects? Do they exist and how serious are they?'"

Dr Barker believes that the UK is being "ponderous" in taking up this opportunity. "We have only a very few years to get this right. I personally would say that if we have not built a distinctive capability in this that

people begin to recognise in three years, and [if we have not delivered] very substantial capability within five years, we can forget this . . . Someone else will be doing the research, not the UK," he said.

Carol Dezateux has been leading the consortium's efforts to simulate the advantages and pitfalls in rolling out a nationwide patient registry. "We are not starting from ground zero in this country. We are already using record linkage in a range of very creative ways to address important problems," she said. As an example of the benefits of electronic registries she cited a recent study that used record linkage to show a protective effect of a low dosage of aspirin against colorectal cancer (*Lancet* 2007;369:1603-13).

Dr Dezateux explained that very long term studies are essential to identify this kind of effect. "The significant finding was only found after 10 years' follow-up," she said. "We cannot afford, ethically, to ignore the opportunities for record linkage in addressing these really major problems." She added, however, that concerns about patients' confidentiality must be taken seriously.

The conference also heard speakers from the United States and Denmark. Lawrence Deyton, chief public health and environmental hazards officer at the US Department of Veterans Affairs, described how his organisation's electronic patient record system helps deliver the best possible care to patients. The system reminds him when to order laboratory tests and is easily able to pull up clinical data on each of his patients.

**"We have only a very few years to get this right. [If not] someone else will be doing the research"**

## Quality of NHS hearing aid services varies

Susan Mayor LONDON

Half a million people in England are waiting for a hearing aid, and some have waited for more than two years, says a parliamentary report published last week.

The report, *Audiology Services*, from the House of Commons Health Committee, a cross party group that examines health

policy and administration, found long waiting times for people to be assessed and fitted for hearing aids. There was also great variation in waiting times. Some NHS trusts had no waiting list, and others had waiting times of more than two years. One MP reported that the average wait "for fitting of

hearing aids" was 41 weeks for first time patients and 64 weeks for patients awaiting reassessment. Overall, the committee found a lack of data being collected on waiting times for audiology and recommended that comprehensive data be collected and published on all patients waiting for audiology





Health worker Mpumelelo Mantanga at the Khayelitsha hospital in Cape Town, South Africa

## People with AIDS are dying because of inadequate staffing

Pat Sidley JOHANNESBURG

Some of the poorest people in the world with AIDS, whose lives might be prolonged through proper treatment, are dying because there are far too few healthcare workers, says a new study by the charity Médecins Sans Frontières (MSF).

The humanitarian aid agency has carried out a survey of healthcare conditions across countries in southern Africa where it runs programmes. It says that staff shortages are exacerbated by the fact that many employees have themselves contracted the virus and become ill and die. Furthermore, pay is extremely low and working conditions very difficult.

The data were gathered in Lesotho, Malawi, Mozambique, and South Africa. Although South Africa has better resources in terms of healthcare staff, a large proportion of these work in the private sector, the survey found.

The report says that the acute shortage of healthcare workers means that many people who would otherwise be able to receive life prolonging antiretroviral drugs are unable to gain access to the treatment.

The charity says that higher salaries and benefits, more obvious career paths, and better living conditions for staff are needed.

Mozambique fares particularly badly, with only 2.6 doctors and 20 nurses for every 100 000 inhabitants.

By contrast South Africa has 74.3 doctors and 393 nurses per 100 000 inhabitants; these figures, however, include staff working in the private sector. The United States, the report says, has 247 doctors and 901 nurses per 100 000 people.

*Help Wanted: Confronting the Health Care Worker Crisis to Expand Access to HIV/AIDS Treatment—MSF Experience in Southern Africa* is available at [www.msf.org](http://www.msf.org).

## AIDS expert doubts vaccine will be found in near future

Michael Day LONDON

Ten years after the former US president Bill Clinton predicted the arrival of a vaccine for AIDS within a decade, one of the world's leading HIV researchers has admitted he is pessimistic about the prospects of achieving an effective vaccine in the near future.

At a briefing in London last week of the International AIDS Vaccine Initiative, Robin Weiss of University College London said that the enormous variation among HIV viruses was continuing to prove a huge stumbling block.

"I'm the pessimistic person on the panel," Professor Weiss said, noting that there were as many or more genetic variants of HIV in the body of one infected person as there were different types of flu virus in the whole world.

"I think that we will get there in the end, but not because there is a vaccine A, B, or C in the background that we have in mind," he added.

He said that a disproportionate amount of the resources deployed in the fight against AIDS had been poured into research into drugs.

"Therapeutics have developed faster [than a vaccine], because lots of people with HIV have said, 'What about us?' But we've got to focus on the future generations."

Dwayne Koff of the International AIDS Vaccine Initiative, who organised the briefing to mark world AIDS vaccine day—and the 10th anniversary of President Clinton's prediction—admitted that variation among HIV strains and a patchy understanding of what the human body needed to protect itself from the virus were holding back vaccine research.

## unacceptably, health committee says

services from GP referral to treatment.

Kevin Barron, chairman of the committee, said, "It is appalling that we don't know either the extent of current delays or the likely levels of future demand for audiology services." He recommended: "The government must ensure that

this information is available as soon as possible. Future policy must be made in an evidence based manner."

The inquiry found several reasons for the long delays. The "modernising hearing aid services" programme, introduced in 2000 to improve audiology services mainly

through the provision of digital aids, had led to some improvements. But it had also led to a surge in demand, not only from new patients but also from people who wished to switch from analogue aids.

*Audiology Services: Fifth Report of Session 2006–07* is available at [www.publications.parliament.uk](http://www.publications.parliament.uk).



An in-ear hearing aid and behind the ear version



Protestors at the march initiated by Remedy UK in March

## Remedy UK loses court case over job applications

Owen Dyer LONDON

The junior doctors' group Remedy UK has lost its court case to strike down changes made to the flawed NHS medical training application service (MTAS). But the judge had harsh words for the government's handling of the affair and left the door open for appeals by individual doctors.

Remedy UK, a group formed in November 2006 in opposition to the proposed web based system for job applications, applied for judicial review of changes made to MTAS by a review group in April. The review group, which included representatives of the BMA, was set up after it became apparent that the system was failing to match qualified doctors with suitable posts.

But Mr Justice Goldring rejected Remedy UK's argument that the review group's proposals were "so conspicuously unfair as to amount to an abuse of power."

"This judgment does not mean I agree with the decision of the review group; merely that it was one the review group was entitled to come to," said the judge. "Neither does it mean that individual doctors would not have good grounds to appeal regarding their allocation or that they would not have good cases before an employment tribunal. Quite the contrary; it could well be the case."

"The premature introduction of MTAS has had disastrous consequences," Mr Justice Goldring noted, calling it a "flawed system."

He added, "The fact that the claimant has failed in what was accepted to be an unprecedented application so far as the law is concerned does not mean that many junior

doctors do not have an entirely justifiable sense of grievance."

Remedy UK has said it does not intend to appeal the decision, with the August deadline for doctors to be in training posts looming. The immediate result of the judge's finding is that jobs offered after interviews in the first round of applications will be of normal duration, rather than provisional. Offers of posts had been held back pending the court's decision.

The BMA appeared in the case as an interested party, contesting Remedy UK's assertion that it did not adequately fight the corner of junior doctors when participating in the review group. Jo Hilborne, chairwoman of the BMA Junior Doctors Committee, told the court that the BMA had persistently criticised MTAS, argued for delay in its implementation of the scheme, and at one point had quit the review group on a point of principle.

But the BMA had ultimately concluded that its members' interests were best served by trying to find the "least bad" solution, rather than by criticising from the sidelines, said Dr Hilborne. Speaking after the case, she said that she hoped the government would not try to claim a victory.

"The harsh fact facing us now is that there are not enough jobs," she added.

The BMA, seeking to make amends with Remedy UK, announced that it would not seek to recover its legal costs in the case. The Department of Health sought and won the right to recover its costs from Remedy UK, but a spokesman told the *BMJ* that the government has not yet decided whether to claim them.

## Flu costs the United States \$90bn a year

Roger Dobson ABERGAVENNY

Seasonal flu costs the US economy almost \$90bn (£45bn; €67bn) a year, says a new report by researchers from the US Centers for Disease Control and Prevention.

Annual medical costs are in excess of \$10bn, and the disease accounts for more than 40 000 deaths a year, as well as 31.4 million outpatient visits involving 10.6 million patients and 3.1 million days in hospital, says the report, published online in *Vaccine* (doi: 10.1016/j.vaccine.2007.03.046).

Described as the first to estimate the annual economic burden of flu epidemics in the United States, the study says that such estimates are necessary to guide policy. "These results highlight the enormous annual burden of influenza," the report says.

The authors say that immunisation can reduce the annual costs but that many people at risk still go unvaccinated.

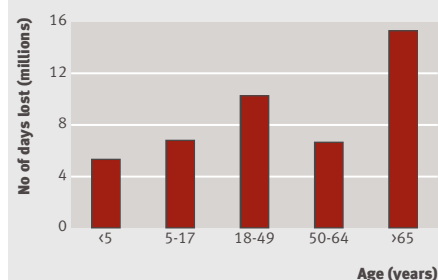
In the study, the researchers estimated the number of cases attributable to influenza that lead to outpatient visits, admission to hospital, or death, as well as lost working time. They also used data from health insurance claims and estimated use of healthcare resources.

The results, which were based on data for 2003, show that 24.7 million cases of flu occur each year, resulting in 41 008 deaths, 610 660 life years lost, and 334 185 hospital admissions.

The researchers estimated annual medical costs to be \$10.4bn and the total economic burden, including 44 million working days lost because of illness, to be \$87.1bn.

Most of the total cost—\$72.2bn (83% of the total)—is attributable to the deaths. The hospital admissions cost \$6bn (7%), and the 10.6 million outpatients accounted for \$6.8bn (8%).

### DAYS OF PRODUCTIVITY\* LOST BY US CITIZENS IN 2003 AS A RESULT OF FLU



\*In the case of children and others not in the labour market, lost productivity includes potential productivity lost and productivity lost by family members

Source: Vaccine